

A/Ress

06/12/01
jc860 U.S. PTO

PTO/SB/50 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

jc903 U.S. PTO
09/878240
06/12/01

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	024444-902
	First Named Inventor	M. BERGLUND
	Original Patent Number	5,971,673
	Original Patent Issue Date (Month/Day/Year)	10/26/1999
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: (Check applicable box)			
<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent	

APPLICATION ELEMENTS (37 CFR 1.173) 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of (PTO/SB/96) Attorney	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) (in transmittal) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other:
--	--

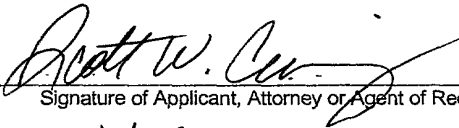
15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name: Ronald L. Grudziecki, Esq. BURNS, DOANE, SWECKER & MATHIS, L.L.P.		21839	
Address: P.O. Box 1404		PATENT TRANSMITTAL OFFICE	
City	Alexandria	State	VA
Zip Code	22153	Telephone	703-836-6620
Country	U.S.A.	Fax	703-836-2021

NAME (Print/Type)	Scott W. Cummings	Registration No. (Attorney/Agent)	41,567
Signature	<i>Scott W. Cummings</i>	Date	June 12, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 024444-902		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 =	x \$ _____ =		or	x \$ _____ =	
(C) 5	Independent claims (37 CFR 1.16(i))	(D) 5	* 0 =	x \$ _____ =			x \$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$ _____			\$ _____
Total Filing Fee					\$ _____		OR \$ 710.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 17	MINUS	** 20	* = 0	x \$ _____ =	0	x \$ _____ =	0
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS	***** 5	= 3	x \$ _____ =		x \$ 80 =	240.00
Total Additional Fee					\$ _____		OR \$ 240.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>950.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>June 12, 2001</u> Date				 Signature of Applicant, Attorney or Agent of Record <u>Scott W. Cummings</u> Typed or printed name				